

# Comprehensive Internal Medicine

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## Communication Consent

In compliance with federal law, it is the policy of Comprehensive Internal Medicine to **NOT** release confidential, personal, and/or unauthorized information by home telephone, cellular phone, work telephone, answering machine, voicemail, e-mail address and/or fax. We will not leave a message on answering machine where the recorded message does not identify, the name or number called. Information will not be left with an unauthorized person who may answer your telephone.

I authorize Comprehensive Internal Medicine to leave medical information pertaining to my care by the following methods and will assume responsibility to notify Comprehensive Internal Medicine whenever this information changes.

Okay to leave detailed message: Yes  No       Voicemail stating call back only: Yes  No

Please list authorized numbers:

Home Telephone \_\_\_\_\_  
Cellular Phone \_\_\_\_\_  
Work Telephone \_\_\_\_\_  
Answering Machine \_\_\_\_\_  
Voicemail \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Fax \_\_\_\_\_

I authorize Comprehensive Internal Medicine to leave medical information pertaining to my care to the following person/persons and will assume responsibility to notify Comprehensive Internal Medicine whenever this information changes.

Please list authorized names and numbers:

	Name	Number
Spouse/Significant Other	_____	_____
Parent	_____	_____
Brother/Sister	_____	_____
Son/ Daughter	_____	_____
Friend	_____	_____

X \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature

X \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Signature (if patient is under 18)